

# PI9 000001289

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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
ALL DAY TINTS INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

FILED  
19 JAN -4 AM 8:03  
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TALLAHASSEE, FLORIDA

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# ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

All Day Tints inc.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

11165 NW 7<sup>th</sup> St 104B Miami, Florida 33172

**ARTICLE III SHARES:** The number of shares of stock is:

100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

ERNESTO JESUS LACAYO (president)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ERNESTO Jesus Lacayo

11165 NW 7<sup>th</sup> St 104B Miami, Florida 33172

**ARTICLE VI INCORPORATOR:** The name and address of the incorporator is:

ERNESTO Jesus Lacayo

11165 NW 7<sup>th</sup> St 104B Miami, Florida 33172

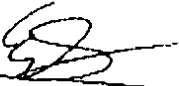
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Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Registered Agent01/04/19  
\_\_\_\_\_  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Incorporator01/04/19  
\_\_\_\_\_  
Date

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